FOR STATE HEALTH DEPT.

TO DEPUTY MEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to be director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death, VR AISME (5) 5M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 658

1.	PLACE OF DEATH a. COUNTY	a STATE	E (Where deceased lived, If Institution: I	Residence before admission)
	Somer set MARYLAND	Mar	yland So	omerset
	b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)		outside corporete limits, write RURAL	and give nearest town)
_	UrisileId Lifetime	Gri	sfield	19-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	DOA McCready Hospital	<u> </u>	ton Road	YES NO
3.	NAME OF First Middle DECEASED (Type or print) GROVER CLEVELAND A	DAMS, JR.	4. DATE Month	Dey Year
5.		B. DATE OF BIRTH	9. AGE (In years IF UNDER	
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 58 Male Whi te WIDOWED DIVORCED 58	Jan. 28, 19	last birthdey) Monthe I	Days Hours Min.
10	USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY		tate or foraign country) 12. C	ITIZEN OF WHAT
uu	Clerical Post Office & Ret	ail Cris		OUNTRY? U.S.A.
13	FATHER'S NAME	14. MOTHER'S MAID		U.D.A.
	Grover C. Adams, Sr.		Marie Bethard	
15 (V	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
	Yes WW II 218-10-8055 Mr	s. Zella B.	Adams, same as 2.8	abcd above
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Myocardial infa	rction con	mplicated and	ONSET AND DEATH
	4201 pue to related to seve			
	conditions, if any, which \ m anxiety state.			Minutes
	gave rise to immediate couse (e), stating the DUE TO			
	underlying ceuse lest. (c)			
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED? YES NO
ERTIFI	2Db. DESCRIBE HDW INJURY OCCU- PRIMARY ☐ or CDNTRIBUTING ☐ CAUSE OF DEATH.	RRED. (Enter nature of	Injury In Part I or Part II of Item 18	.)
C		or an individual de	rm. 20f. (City or town) (Cou	(21-1-)
DIC/	Hour a.m. While Not While	CE OF INJURY (Home, fa y, street, office bldg., et	tc.)	unty) (State)
ME	p.m. 19 at work at work			
	21. I certify that I took charge of the remains described above, held	d an Autopsy [],	inspection X, Inquiry ,	and in my opinion
	death resulted from: Natural causes 🔀, Accident 🔲, Suid	cide 🔲, Homicio	de, Undetermined manner	
	0010	CHIEF MEDICAL		
	SIGNATURE CONTROL	_M.D. ASSISTANT MED	DICAL EXAMINER 12	22. DATE SIGNED 28/67
	EXAMINER'S C C POLITICAL M D	DEPUTY MEDICA		
	NAME (Type) U. G. RAWLOY, M.D.		, orty, town, or county)	ield, Md.
232	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		23d. LOCATION (City, town or co	
	Burial 12/27/67 Sunnyridge		Crisfield	Md.
100	FUNERAL DIRECTOR ADDRESS		D BY REGISTRAR 256, REGISTRAR	S SIGNATURE
	Levin R. Wilson, Princess Anne,	Md . DATE	JAN 2 1968	The same of the sa

CONTRACTOR 3 1. or the second -- Miles olasis at military with the second of Trie deld, Ma

and the contract of the contract of the same of the same of the contract of th week wrong to be to the total between the core THE THE STATE OF T Bearing But The Mit 112-51118 Etth 21-517 The Mayrondite Bronzes prosenous Con- area Rhaldonyovanam Carr. Bear, m. 3. .c. E. exact. Mach

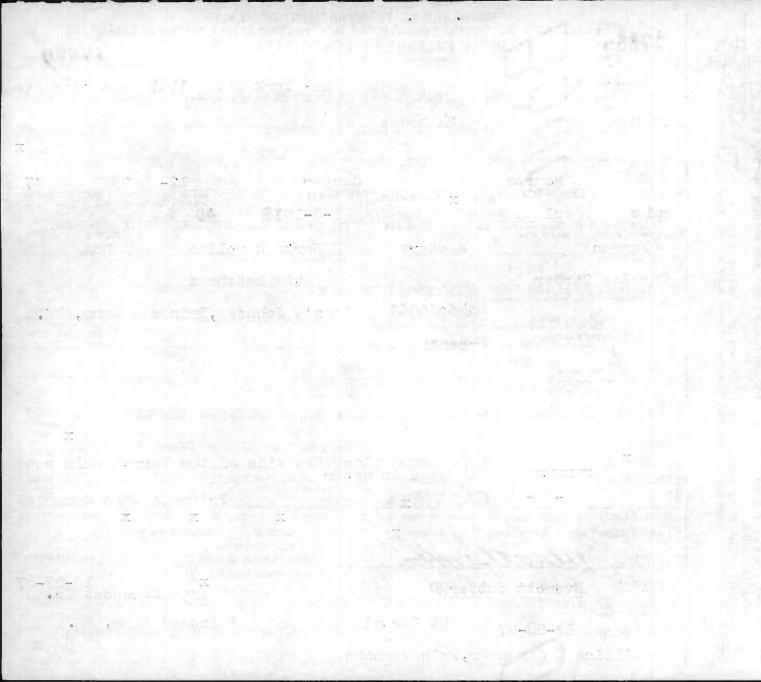
FOR STATE HEALTH DEPT.

after death Depart TO DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute—re certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3.—Page retained for your files.

to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours VR ALSME E (19) 5M

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

400:) M	EDICA	L EXAMINER'S	CERTIFICAT	E OF DEATH	17660
1. PLACE OF DEA					CE (Where deceased lived, If Institution b. CQUNTY	
Some		to Huntho	MARYLAND	New Yor	k City 1787 Ar	nsterdam Ave
	WN (if outside corpora L and giva naarest tov		c. LENGTH OF STAY IN 1b		f outside corporate limits, write RU	
Princes	SS Anne	ON (If not In	hospital, giva street address)	d. STREET ADDRESS		S IS BESIDENOE
u. IVANE OF THE	OSITIAL OR INSTITUTION	on (ii not iii	nospital, giva street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	F	Irst	Middle	Lest	4. DATE Month	Day Year -
(Type or print)	Monro	00	(Carter	DEATH 12- 2	25 19 67
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.
mal e	col	WIDOWE		1-8-1918		ns Days Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work king life, even if retire	done 10b.	KIND OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign country) 12	COUNTRY?
Forms		(u)	Factory	North	Carolina	TISA
13. FATHER'S NA			2 40 001 3	14. MOTHER'S MAIL	DEN NAME	USA
Charles	s Carter			E++o	Matthews	
15. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 10	6. SOCIAL SECURITY NO. 17.	INFORMANT	Address	4
(Yes, no, or unkown)	(If yes give war or dates o		246260068	Tienie Tei	long on Duing	Λ
I 18. CAUSE OF	DEATH Enter only on		Ilne for (a), (b), and (c).]	TITARIA 10	hnson, Princess	Anne Md
	DEATH WAS CAUSED BY		- 3.1			ONSET AND GEATH
9399	IMMEDIATE CAUSE		cowninguound	ing		minutes
Conditions, If	DUE					
gava risa to	Immadiata	(b)				
cause (a),		TO				
undarlying cau		(C)	DUTING TO OCATU DUT NOT DOL	ATEO TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1	(a) 119. WAS AUTOPSY
E PARTIL OTHER		cute	Alcoholism	ALEO TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART I	PERFORMED?
5 4-						YES NO
PRIMAR NO 01	AL CAUSE WAS CONTRIBUTING TO ATH.				f Injury In Part I or Pert II of Item	
CAUSE OF DEA	IIH. रेखलले रेख	ma d	th hand in we	oug one st	de of the Perry	hawkin road
20c. TIME OF	INJURY Month, Day,					
	.m. 12-25-16	7 Whill at wo	ork at work to st	Postoffice	RoadPrincess Ar	ine Somerset
	fy that I took charge	e of the re	mains described above, he		Inspection 2, Inquiry 2	
death resul		causes [icide , Homici	de , Undetermined mann	er 🗍
	4			CHIEF MEDICA	_	
ACTUAL SIGNATURE	June	11/	tilles		DICAL EXAMINER CAL EXAMINER	22. DATE SIGNED
EXAMINER'S NAME (Type)	Everett			Address (Stree	t, city, town, or county) Some	12-27-67
23a. BURIAL, CREI REMOVAL (St	MATION, 23b. DATE pecify)	THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, town or	county) (State)
24. PUNERAL DIR	0	67	Mt Carmel	25a. RE	Princess Ann	ne Md.
Will	iam H .Tam	es Tr	.PrincessAnr	OATE I	DEC 20 1967 PCL	carles Judges



7656

death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages Shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours aff

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH , 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DIVISION OF VITAL RECORDS

				GEILL III I G		0. 50		1. 6	OD.	L	
	PLACE OF DEATH o. COUNTY	Somerset		MARYLAND	D	2. USUAL RESIDENCE (o. STATE Ma	Where deceosed lived, if instituted by COULD	ion: Residend	e before Ome	odmissio	t t
		f outside corporate limits, I give nearest tawn)		6 Days		c. CITY OR TOWN (If or	utside corporote limits, write RUI isfield	RAL ond give	neorest	town)	- /
		AL OR INSTITUTION (If not in Memorial I				d. STREET ADDRESS 216 My	rtle Street			IS RESID ON A FA	DENCE ARM? NO .
	NAME OF DECEASED (Type or print)	First Beul	ah	Middle		Moore Lost	4. DATE Mont		Doy 5	Yec 19 (
S.	SEX		MARRIED [NEVER MARRIED	A	-	9. AGE (In years	IF UNDER 1		IF UNDER	-
F	emale	Waite	WIDOWED	DIVORCED [D	ec. 21, 1/8	lost birthdoy)	Months	Doys	Hours	Min.
10o duri	ing most of working	(Give kind of work done		DO OF BUSINESS OR DUSTRY Cail Stores		Crisfiel	& Stote, or foreign country) d, Maryland		IZEN OF JNTRY?		
13.	FATHER'S NAME	Algie T. N	loore			14. MOTHER'S MAIDEN Rebec	ca F. Allen				
15. (Ye	WAS DECEASED EVE es, no. or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of ser	wie al			FORMANT s Elizabet	h Mackey, same	as 2	abc	d	
	18. CAUSE OF DE PART I. DEAT	ATH (Enter only one couse p H WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (1 1 4	حد	line				RVAL BET	
	Conditions, if ony,		> 8	harren en	True-g	1 Leo					
	stoting the under										
ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS CONTR	RIBUTING TO	DEATH BUT NOT RELATED	10 TH	E TERMINAL DISEASE GO	NDITION GIVEN IN PART 1(0)		19. YE:	WAS AUTO PERFORMI	OPSY ED? NO
L CERTIFICATION	OR CONTRIBUTING	20o. ACCIDENT WAS UNDERLYING \(\text{Or CAUSE OF DEATH} \) OR CONTRIBUTING \(\text{CAUSE OF DEATH} \) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noturn of injury in Fort 1 or Port 11 of item 18.)									
MEDICAL	20c. TIME OF INJU Hour o.n p.n	10	20d IN. While of work	Not While		OF INJURY (Home, form y, street, office bldg., etc.		(Cou	nty)	(Stote)
	21. I certif	y that (I) (this haspita	1) attend			death accurred at	19 67 , ta 1802 5 5:30 M, fram causes	, 19 <u>C</u> and an th	, the	at (I) (v	we) las
	220. SIGNATURE	m. Parte	7		M.D.	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DA	TE SIGNE	D	
	22c. PHYSICIAN'S NAME (Type)	S. M. Pey	rton,	M.D.		22d. ADDRESS	in St. Grist	'ield	M	đ	
	REMOVAL (Specify)	Dec. 7,1	967	23c. NAME OF CEMETERY Crisfield	Ce	metery	23d. LOCATION (City or To Crisfield,	wn)	(County)	(Si	tote)
24	I. FUNERAL DIRECTO	Bradshaw & S	ons -	- Crisfield	, M	d. 250. REC	and the same of th	GISTRAR'S SI			SE.

	A PART OF THE PROPERTY OF THE PART OF THE	The community of the second	
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	THE BUTTON	danner.	
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	diam's sident ors	led Lane La Frons	W. vbsarfale
	Morre 250.		
	.c. 21, 1877 - 21	1 8513	
	Bandyale, Marchael	someth alleful filesome	
	Hebecon F. Allen	0200 11 01 11	
	Cler Titesheth McCorp., grow		
, as , bi i	to two last action		
January J.	.bfelfairnacamed	1907, 7,1967 [F1.71] UNI	1716

FOR STATE HEALTH DEPT. delay is in pencil in Item 18. Give Pages 1, 2, and 3 to P.M.3. Page pages 1 and 2 with the State Department of in any event within 72 bours offer deale. ler deal

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

Health or its designated agent, priar to burial, crematian, ar removal, and in any event within

5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File

This certificate shauld be executed within 24 haurs after death. If

"pending"

necessary, please execute the certificate, writing the ward AL EXAMINER:

TO DEPUTY MEDI

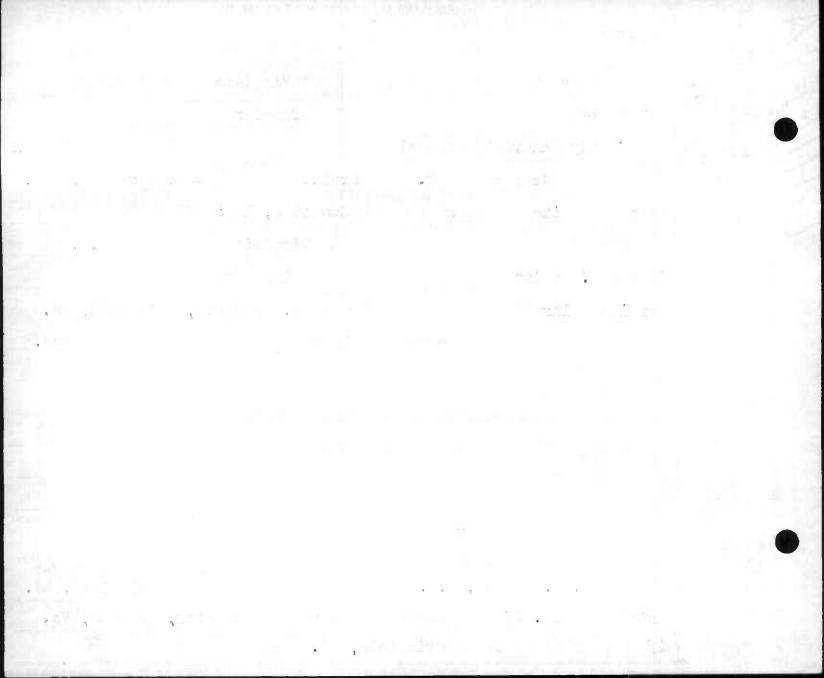
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17 662

-		PLACE OF DEATH a. COUNTY So	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. STATE Virginia b. COUNTACCOMAC											
1	of real to	b. CITY OR TOWN (If autside carparote limit deignaarest tawn)	ts,	c. LENGTH OF STAY	IN 1b		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tangier						
77			at or institution (if needy Memor:			d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO								
)	(r)pe ar pinn)				Middle			4. DATE OF DEATH						
į	s.	sex nale	6. COLOR OR RACE white	7. MARRIED WIDOWED		- 1 1	B. DATE OF BIRTH		lost in years lost in thdoy) yrs.	Manths [YEAR IF UNDER 24 HRS. Doys Hours Min.			
	duri	ing most of working Watern	(Give kind of work dane life, even if retired)		IND OF BUSINESS OR NDUSTRY		Virg	(State or foreign co rinia	ountry)		TEN OF WHAT			
		FATHER'S NAME	, i				14. MOTHÉR'S MA		. u.					
	15.		Pruitt RINUS. ARMED FORCES?	1/	SOCIAL SECURITY NO.	17 6	Evely	n Evar	NS Addre					
	(Ye	es, na, ar unknawn)	(If yes give wor or dotes d War 2		SOCIAL SECURITY NO.			Crocket			ld, Md.			
				-	(o), (b), ond (c).) monary e	mbol	ism				INTERVAL BETWEEN			
	rise to immediate couse (a), stating the underlying cause last.													
3	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO												
	L CERTIFICATION	20a. EXTERNAL CA PRIMARY ☐ or COI CAUSE OF DEATH.		20ь. DI	ESCRIBE HOW INJURY O	CCURRED.	Enter nature af inju	ry in Port I ar Part	t II of item 18.)					
	MEDICAL	20c. TIME OF INJU Hour a.n p.n	10	20d. I While of wor			E OF INJURY (Hame ary, street, office bldg		(City or town)	(Caun	ty) (Stote)			
		21. I certif death result	y that I took charg ted fram: Natur	e of the rer al causes 2	_	bave, he , Suic	de 🔲, Ham	icide 🔲, Ur	on 🗶 , Inqu ndetermined m	uiry, anner	and in my apinian			
		ACTUAL SIGNATURE	COR	aut	ey		_M.D. ASSISTANT	DICAL EXAMINER T MEDICAL EXAMINI MEDICAL EXAMINER		1:	22. DATE SIGNED 2/22/67			
4		EXAMINER'S NAME (Type)	C. G. Rai	wley,	M.D.			(Street, city, town,	_	risfi	eld, Md.			
	230 Bu	BURIAL, CREMATIC	ON, 23b. DATE TH 12.23		Family				P 40	ccoma	11			
	24	FUNERAL DIRECTO	Llenn	an	Crisfie	eld,	Md. 250	REE D BY REOKSTR	196/ 25b. RE	GISTRAR'S SIG	NATURE			

VR A15ME (5) 6M 1/66



Item 18b film #396 MARYLAND STATE DEPARTMENT OF HEALTH 1-2-68 mt Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item#6 F PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o. COUNTY b. COUNTY PM3. Page of death. MARYLAND delay ment b. CITY OR TOWN (If outside corporate timits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup write RURAL and give nearest town not in haspital, give street oddress) d. STREET ADDRESS Item 18. Give Pages Office along with to 24 haurs after death. 3. NAME OF Middle DATE Month DECEASED 0 within (Type or print) DEATH with S. SEX 9. AGE NEVER MARRIED last birthday) Months Male DIVORCED Negro event l and 2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life even if retired) INDUSTRY any d "pending" in pencil in Chief Medical Examiner's -ADOKE! 13. FATHER'S NAME be executed within 2 File IS. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANI (Yes, no, or unknown) (If yes give wor or dotes of service) remaval 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). burial-transit PART I. DEATH WAS CAUSED BY: OL IMMEDIATE CAUSE (o) ward This certificate should crematian, DUE TO Acute Myocardial Infarction Conditions, if ony, which gove p rise to immediate couse (a), DUE TO 0 stoting the underlying cause forwarded burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION to 4 shauld be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 shauld its designated agent, prior PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page of work at work 21. 1 certify that I took charge of the remains described above, held an Autopsy for Inspection X Inquiry Del. funeral directar. deoth resulted fram: Natural couses Accident Suicide . Hamicide Undetermined monner be retained please CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Health ar DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) the BURIAL, CREMATION DATE THEREOF 23c. NAME OF CEMETERY, OR 23d. LQCATION (City or Town 0 REMOVAL (Specify 24. FUNERAL 2Sb. REGISTRAR'S SIGNATURE VR A15ME

e. IS RESIDENCE

ON A FARM?

Year

IF UNDER 24 HRS

ONSET AND DEATH

2 WEEKS

WAS AUTOPSY

PERFORMED? NO

and in my opinion

22. DATE SIGNED

(Stote

(Stote)

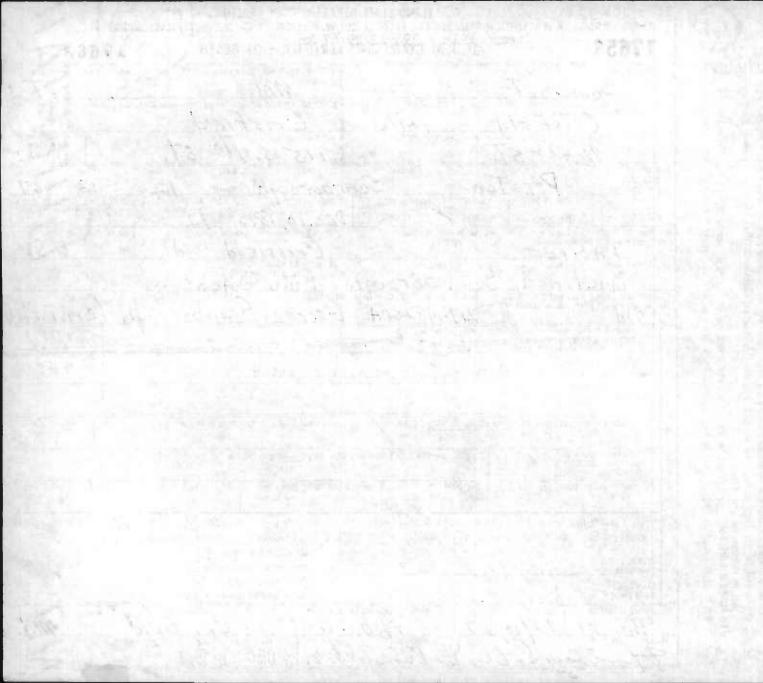
1 YEAR

COUNTRY?

(County)

(County)

NO F



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH

FOR S	TATE DEPT.
2, ond 3 to PM3. Poge	ofter depth.

adminent of ofter depth. in any event within 72 hour pages 1 and 2 with the Stote File Health or its designated agent, prior ta burial, cremation, or removal, and os o burial-tronsit permit. TO FUNERAL DIRECTOR: Poge 3 should be used far your files. 5 may be retoined

necessory, pleose execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 's the funerol director. Poge 4 should be farworded to the Chief Medicol Exominer's Office olang with form

necessory, please execute the certificate, writing the word

AL EXAMINER:

in pencil in Item 18. Give Pages 1

This certificate should be executed within 24 hours after death.

7.65	9	MED	ICAL EXAMINER'	S CERTIFICATE O	F DEAT	Н	1	766	4			
PLACE OF DEATH O. COUNTY	Somerse	t	MARYLAND	2. USUAL RESIDENCE (V	Where deceos	P COII	MITV		e odmissi erse	1'/		
b. CITY OR TOWN (Rura)	(If outside corporate limits and give nearest town) Cristie	ld	Lifetime	c. CITY OR TOWN (If ou Rural		te limits, write RU risfiel		e neores	t town)	,/		
	PITAL OR INSTITUTION (If no	t in hospitol,	give street oddress)	d. STREET ADDRESS					e. IS RESI ON A F	FARM?		
Rt. 1,	Lawsonia			Rt. 1,	Lawso	nia			YES	NO X		
3. NAME OF DECEASED (Type or print)			Middle	STERLING	4. DATE OF DEATH	Dec				67		
s. sex Male	6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MARRIED X	8. DATE OF BIRTH Sept. 30,1		. AGE (In yeors lost birthdoy) yrs.	Months 2	Days	Hours	R 24 HR! Min.		
	ON (Give kind of work done ng life, even if retired)		IND OF BUSINESS OR NDUSTRY							COUNTRY? USA		
13. FATHER'S NAME	Unknown			14. MOTHER'S MAIDEN I		terling						
IS. WAS DECEASED E (Yes, no or unknown	EVER IN U.S. ARMED FORCES? (If yes give wor or dotes o	f service) 16.		INFORMANT Lucille Ste	rling	Addr g, Rt.		isf	iel	a, Mċ		
	DEATH (Enter only one cou EATH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(o) Cri		ral pneumor	nitis	, acute	.)		ERVAL BET			
Conditions, if or rise to immedi stoting the uni last.	derlying couse DUE	(b) TO (c)				-6-						
PART II. OTHER	SIGNIFICANT CONDITIONS CO	ONTRIBUTING	TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE COM	NDITION GIVE	N IN PART 1(o)			WAS AUTO PERFORM ES			
CALISE OF DEATH	CONTRIBUTING	20b. D	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port	Il of item 18.)		N				
Hour Hour	NJURY Month, Doy, Yeor o.m. p.m. 19	20d. I While of wor	Not While	PLACE OF INJURY (Home, form octory, street, office bldg., etc.)		(City or town)	(Co	ounty)		(Stote)		
21. I cert	rify that I took charge	of the re	mains described abave,	held on Autopsy .	Inspectio	an 🕱 Ing	uiry 🔲,	and	in my	apinia		

NAME (Type

ACTUAL

SIGNATURE

EXAMINER'S

death resulted from:

23b. DATE THEREOF 12/12/67

Ward

Natural causes X,

G. Rawley

23c. NAME OF CEMETERY OR CREMATORY Asbury Cemetery

Suicide

23d. LOCATION (City or Town) Crisfield

Homicide

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

Address (Street, city, town, or county)

DEPUTY MEDICAL EXAMINER

12/12/67 Crisfield, Md. (County) (Stote)

Som.

22. DATE SIGNED

Md.

24. FUNERAL DIRECTOR

Anthony E.

ADDRESS Crisfield, Md.

Accident .

250. REC'D BY REGISTRAR DATE DEC 20

Undetermined manner

VR A15ME

THE REPORT OF THE PARTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY O And the Charles of the setting of the market (i.e. ii) The state of the s of the last a limit of the control of the contro . or of the contract of the co District the transfer of the second transfer

EET, BALTIMORE, MARYLAND 21201

		Division of STATISTICAL RESEARCH AND RECORDS	s, 301	W. PRESTON STREET, BAL	TIMORE, MARYLAND	21201						
. 2	ing .	CERTIFIC	ATE	OF DEATH	1	7665						
Pond 1 and 2		LACE OF DEATH COUNTY Somerset MARYLAN	ND	2. USUAL RESIDENCE (Where deco	b. COUNTY	idence before odmis						
by the to Pages 1 Pours after		CITY DR TDWN (If outside corporote limits, write RURAL and eive negret town 11. 20 years		c. CITY DR TOWN (If outside corp.								
ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours stained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campletely fitted as been signed by the attending physician and campletely fitted by is should be detached far use as the burial-transit permit. Then please remaye carbon gapers. Paith the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, withlin 72 hours		NAME DF HOSPITAL DR INSTITUTION (If not in hospitol, give street address)		d. STREET ADDRESS PO	Box 6	6 IS RE ON A YES						
ed withi		IAME OF First Middle IECEASED Type or print) BURLEIGH HAROLD		TAYLOR 4. DATI	n December	Doy 15						
executed win and campletely remave carbo n any event, w		Male White WIDOWED DIVORCED		8. date of birth May 21, 1896	lost birthdoy) Mont yrs.	1						
ate be excian and ease remand in an	dur	USUAL OCCUPATION (Give kind of work done agreement of working life, even if retired) Carpenter 10b. KIND OF BUSINESS OR Building & Repa	irs	11. BIRTHPLACE (County & Stote, or Guilford, Vir	foreign country) 12 ginia U	2. CITIZEN OF WHAT COUNTRY?						
certificate be g physician c Then please maval, and in		Henry Thomas Taylor		unknown								
ne death cer attending p permit. The ion, ar rema	15. (Ye	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 230–18–0982 16. SOCIAL SECURITY NO. Wrs. Winnie Taylor, same as 2 abcd										
equires that the death certificate be executed physician. signed by the attending physician and camplet burial-transit permit. Then please remave corburial, cremation, ar remaval, and in any event.		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart Failure				ONSET AND						
4. The law requires that the ar attending physician. It has been signed by the use as the burial-transit calth priar ta burial, cremat		Coronary Arter (b) (b) (coronary Arter (coronary Arter) (b) (coronary Arter)	ry I	Disease, severe		Ten Y						
The law retaction of the law seen s see as the but heriar tab		last. (c) Cardio-vascular-	-ren	nal Disease	1-0 10 a 10 60 44	# 15 Ye						
ICIAN: The law repital ar attending rifficate has been of far use as the af Health priar ta	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE Upper respiratory disease, moderatel	ly s	severe		19. WAS AL PERFOR YES						
PHYSICIAN: the haspiral ar this certificate efforched for us Dept. of Health												
DING PHYSICIAN by the haspiral After this certifica be defacted fair State Dept. of He	MEDICAL	Hour o.m. None 19 While of While of work	facto		o accident	(County)						
OR ATTENDING e retained by t RECTOR: After 3 should be c d with the State		21. I certify that (I) (##################################	am_ d that	July , 1962 , t death accurred at 1:30	M, fram causes and a							
RECTOR AND A SAN AS SAN		220. SIGNATURE	TME	ATTENDING # MED. PHYS. # DIRECTOR	STAFF D	DATE SIGNED						

22c. PHYSICIATS / Thomas C. Gentry,

23o. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

REMOVAL (Specify)

23b. DATE THEREOF

Dec. 19, 1967

Levin R. Wilson - Somerset County, Md.

M.

23c. NAME OF CEMETERY OR CREMATORY

Ewell Methodist Cemetery

IS RESIDENCE ON A FARM? YES NO X Doy Year 19 67 December 15 AGE (In years lost birthdoy) IF UNDER 1 YEAR | IF UNDER 24 HRS. Months Dovs Hours & Stote, or foreign country) 12. CITIZEN OF WHAT U.S.A. Virginia Address ylor, same as 2 abcd INTERVAL BETWEEN One Hour Ten Years elv severe 15 Years NOTION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES | NO Port I or Port II of item 18.) sleep. (City or town) (County) (Stote) No accident 962 to December 1.59.67, that (I) (##) last :30 M, fram causes and an the date stated above. 22b. DATE SIGNED MED.
DIRECTOR STAFF PHYS. Dec. 17, 1967 Maryland. P.O.Box 11 21824 23d. LOCATION (City or Town) (Stote) (County) Ewell, Somerset, Md. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR

Where deceased lived, if institution: Residence before admission) b. COUNTY

22d. ADDRESS

Ewell.

TO FUNERAL DIRECT
director, page 3 sl
shauld be filed wit Page 4 may be re VR A15 (4)

cac man de la company de la co TO LET THE WAY THE According to the second of the AND REPORT OF THE PROPERTY OF THE PARTY OF T The state of the s The state of the s regently wid set body control KNESS COLD COLD TO THE ACTION OF

FOR STATE HEALTH DEET cessary, may

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after dath.

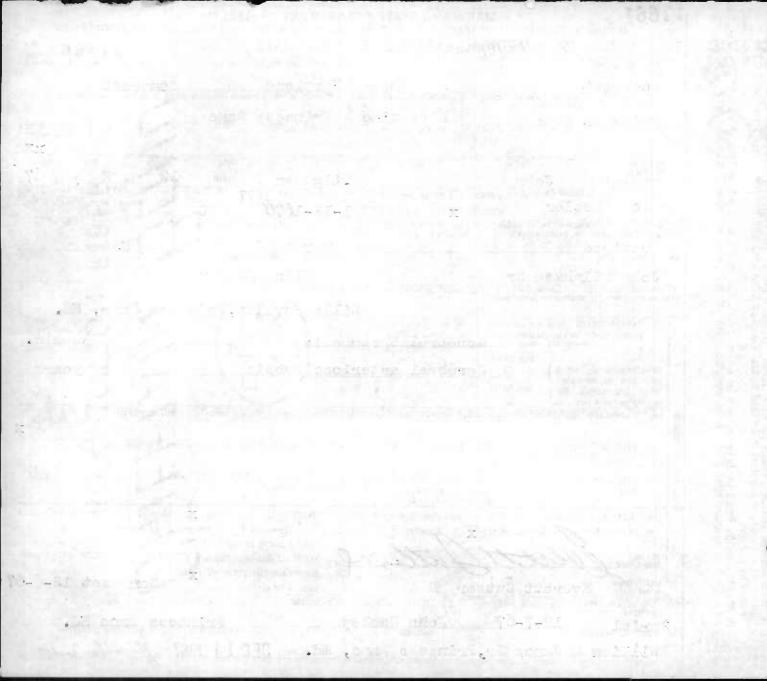
O DEPUTY MED. EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files. 1/66 VR ALSME

TO DEPUTY MED

5M

7661 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	cem o rii	W 6340 1514	ENMAI	KENAMINEK	2 1	CEKTIFICATI	E Ur	DEP	ПП	1	76	6.6_{-}		
1.	PLACE OF DEATH	1	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)											
			a. STATE b. COUNTY											
1	Somers b. CITY OR TOW	N (if outside corpora	te limits.	MARYLAI		Maryland Somerset c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)								
	write RURAL	end give nearest tow					111111111111111111111111111111111111111	no non	a one g.					
-	Princess Anne Life time d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)					Princes	s Ar	me				19		
	d. NAME OF HOS	ress)	d. STREET ADDRESS					6	ON A F					
											,	YES OF TOTAL		
3.		FI	rst	Middle		Last	4. D	ATE	Mont	h	Day	Yea	r	
	(Type or print)	John			Г	Filghman	01	EATH	12		2	19	67	
5.	SEX	6. COLOR OR RACE	7. MARRIED	C MENTER MARRIED F		DATE OF BIRTH	1		(In years	IF UNDER				
	male	color			- 6		0//	last	birthdey)	Months		Hours	Min.	
			WIDOWED	LET		1-15-18/16		90	yrs.					
du	a. USUAL OCCUPAT ring most of work	ION (Give kind of work ing life, even if retire	done 1Db. K	IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (S	tate or	foreign co	untry)		OUNTRY	OF WHAT		
	retir		,			Maryland	3			IIS				
13	. FATHER'S NAM				1	14. MOTHER'S MAID		IE			1.50			
	Tohn T	ilghman S	22			Eliza	Mod	202						
15		EVER IN U.S. ARMED FO		SOCIAL SECURITY NO. 1	17	INFORMANT	mad	uox	Addres	22				
(Y	es, no, or unkown)	(If yes give war or dates o	f service)	JOURE JECORITINO.										
						illa Bark	ley,	Prin	cess	Anr		Md.		
				ine for (e), (b), end (c).]							INTE	RVAL BET	WEEN	
-	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	ie Ce	rebral thr	omi	hosis		400				30 min		
	332%	DUE												
	Conditions, If			eebral art	ar	ioscleros	is					vear	2	
	gave rise to immediate (2000			
1	vadas (a), stating title													
>	underlying causa last.) (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY													
2	PARTIT. UTHERS	SIGNIFICANI CONDITI	DING CONTRIBI	TING TO DEATH BUT NOT	IKELA	IED TO THE TERMINAL L	113EASE	COMPLIE	APIACIALIA	PARTI(a)	13.	PERFOR		
CA	1 A										YE	s 🗌	NO E	
MEDICAL CERTIFICATION	20a. EXTERNAL	CAUSE WAS	2Db.	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nuture of	Injury	in Part I c	r Part II c	f item 18	3.)			
Ä	CAUSE OF DEAT	CONTRIBUTING -	A 2 10											
AP.	20c. TIME OF	INJURY Month, Day,	Year 20d.	NJURY OCCURRED 2De	e. PLAC	E OF INJURY (Home, fa	rm. 20	of. (City	or town)	(Co	unty)	(S	tate)	
8	Hour a.n		While		factor	y, street, office bldg., e	tc.)							
Z	p.r	n. 19	et wor	k at work						-				
	21. I certify	that i took charge	e of the rem	nains described above	e, held	d an Autopsy,	Inspe	ction Z	, Inqu	iry 📋,	and	I in my	pinion	
10	death resuit	ed from Natural	causes 🗶	, Accident ,	Suid	cide 🔲, Homici	de 🗍	, Unde	termined	manner				
	312 L	9/11	-	//		CHIEF MEDICAL	L EXAMI	NER						
	ACTUAL SIGNATURE	Mere	7//	+ulla	ny	M D ASSISTANT MEI	DICAL E	XAMINER			22	. DATE S	IGNED	
	K	2	10			DEPUTY MEDIC	AL EXAM	AINER X						
-	EXAMINER'S NAME (Type)	Everett	Sutte	r MD		Address (Street	t. city. t	own, or c	Sunty) S	omer	set	12-	6-6	
23				1 23c. NAME OF CEM	ETERY				N (City, to	own or co	ounty)	° (St	ate)	
	REMOVAL (Spe	eclfy)												
2/	Burial FUNERAL DIRE	12-7-	01	John Wes	Te.	y ↓ 25a. REI	C'D BY	Prir	Cess	EGISTRAF	O SIGN	ATURE		
2"			- 5						250. 1					
	Willia	m H James	Jr,P:	rincess Ar	me	Md DATE	EU	1 19	6/	Cles	May	Judy	£	



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			0 -111110711	- 01	///	1	HOP	0	
1. PLACE OF DEATH a. COUNTY				MCE (Where de	ceased lived, If In		sidence be	fore adn	nission
Somerset		MARVIANO	a. STATE	hee Fr	b. COU		- 4-		
b. CITY OR TOWN (If outside	corporate limits.	MARYLANO c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (yland If outside cor	porate limits, w	omers	e Ti	nearest	t town)
Write RURAL end give ne	arest town)		T.					6	,
Dames Quart	TO THE TON (IS not in h	life nospital, give street eddress)	d. STREET ADDRESS	Quart	er		101	S RESI	DENCE
d. NAME OF HOSPITAL OR II	ASTRICTION (II NOT IN I	iospital, give street eddress)	d. SIKEEI ADDRESS	5				ON A F	
							YES		ND X
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Mont	h	Day	Year	r
(Tune or males)	scar		Wilson	DEATH	Dec	2	4	19 6	57
5. SEX 6. CDLDR I		NEVER MARRIED	8. DATE OF BIRTH	9.					
male col	WIDOWED	T DIVDRCED	10-18-188	38	79 yrs.	Months 1	Days H	lours	Min.
IDe. USUAL OCCUPATION (Give kin	d of work done 10b. F	CIND DF BUSINESS OR	11. BIRTHPLACE			12. CIT	IZEN DF	WHAT	
during most of working life, ever	n If retired)	INDUSTRY				-	UNTRY?		
Retired 13. FATHER'S NAME			Maryla			U	SA		
Frank Wilso	200								
				Wesle	<u> </u>				
15. WAS DECEASED EVER IN U.S. (Yes, no, or unknown) (If yes give wa	ARMED FORCES? 16.	SDCIAL SECURITY ND. 17.	INFORMANT		Addre	88			
W-I			Major	Wilso	n.Dames	s Ona	rter	T	TA.
18. CAUSE DF DEATH [Ente	er only one cause per	line for (a), (b), end (c).]	THE OT				INTERV	AL BET	WEEN
PART I. DEATH WAS CA	AUSED BY: TE CAUSE (a) AS	phyxiation				173	DNSET	AND D	EATH
9160 IMMEDIA	,,,	DITANTOLOIL							
Conditions, If any, which	DUE TD								
gave rise to immediate	(p)								
cause (e), stating the	DUE TD								
underlying cause last.	(c)	LITING TO OFATH BUT NOT BELL	TEO TO THE TERMINAL	OLDERDEODN	OLTIDAL CIVEN IN	DADT 1/a)	119. W	AS AUT	TOBEV
5 PART II. OTHER SIGNIFICANT	CDNOTTIONS CONTRIB	UTING TO OEATH BUT NOT RELA	ATEU TO THE TERMINAL	. UISEASE GUN	OLLIDIA GLAFIA LIA	PARTI(a)	PI	ERFDRN	MEO?
							YES	1	NO X
20a. EXTERNAL CAUSE WA PRIMARY Kor CONTRIBUTI CAUSE OF DEATH.	S 2Db.	DESCRIBE HOW INJURY OCCU	JRREO. (Enter nature	of injury In Pa	art I or Part II	of Item 18.)			
CAUSE DE DEATH.	h	louse burned	down						
20c. TIME DE INJURY Mor	nth, Day, Year 2Dd.	INJURY DCCURRED 20e. PLA	CE DF INJURY (Home,	farm, 2Df.	(City or town)	(Cour			tate)
PART II. OTHER SIGNIFICANT 20a. EXTERNAL CAUSE WA PRIMARY LAOF CONTRIBUTION CAUSE OF DEATH. 20c. TIME DF INJURY More Hour e.m. p.m. 1 2 1	679 While at wor		ory, street, office bldg., Home			omer larte		Mo	1.
21. I certify that I too	k charge of the ren	nains described above, he	ld an Autopsy,	Inspection	n 🔀 İnqu	iry 📆,	and in	my o	pinion
death resulted from	Natural causes	, Accident x, Su	icide , Homic	cide ,	Undetermined	manner			
9			CHIEF MEOIC	AL EXAMINER					
ACTUAL SIGNATURE	retto	tatton	W). U.	EDICAL EXAM			22. 1	DATE S	IGNED
EXAMINER'S FITTON		100		ICAL EXAMINE				_ /	_
NAME (Type) Ever	ett Sutte	rND	Address (Stre	et, city, town	, or county) SC	mers	et 1	2-0	-7
23a. BURIAL, CREMATION, 23b REMDVAL (Specify)	. OATE THEREOF	23c. NAME OF CEMETER	DR CREMATORY	23d. LC	OCATION (City, t	own or coul	nty)	(Sta	ite)
	-10-67	Macedonia		Dame	es Quar	ter,	Md.		
Burial 12 24. FUNERAL DIRECTOR	-10-01	Macedonia	25a. R	EC'O BY REGI	STRAR 25b. R	EGISTRAR'S	SIGNATI	URE	
William H	Tomas Jn.	Princess Ann	a Md DATE		10.03	105	0 0		

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